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Date:

November 23, 2004

No. of Pages: 12

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703-872-9306

FROM:

Eric W. Cernvar

DEPARTMENT:

Legal

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(210) 863-0063

RE:

Patent Application No.: 09/432,904

Filing Date: 11/2/1999

First Named Inventor: Cesar Z. Lina

Art Unit: 3764

Confirmation No.: 1761

Examiner: DeMille, Danton D. Our File No.: PUL.504E.US

Message:

Dear Sir or Madame:

Enclosed for filing is the following:

Fee Transmittal for FY 2005 (in duplicate for accounting purposes);

Transmittal Form;

Amendment and Response to Office Action Dated October 4, 2004

Respectfully submitted,

Eric W. Cernyar Reg. No.: 45,919

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Mailing:

P.O. Box 659508

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8023 Vantage Drive

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Manufacturing: 4958 Stout Drive

San Antonio, Texas 78219-4334

(210) 662-0215

| | U. | S. Patent and | Frademark Offic | PTO/SB/21 (09-04) 1200-1091 pe through 07/31/2006, OMB 0661 13 U.S., DEPARTMENT OF COMMERCE | | |
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| Under the Paperwork Reduction Act of 1985, no person | s are required to respond to a Application Number | collection of in | formation unles | s if displays a valid OMB control number. | | |
| TD ANOBEITM A. | | 09/432,90 | H | | | |
| TRANSMITTAL | Fliing Date | Nov. 2, 16 | Nov. 2, 1999 | | | |
| FORM | First Named Inventor | Cesar Z, I | Lina | | | |
| | Art Unit | 3764 | | | | |
| (to be used for all correspondence after initial filing) | Examiner Name | DeMille, D | Penton D, | | | |
| Total Number of Pages in This Submission | Attorney Docket Numbe | PUL504E | LUS | | | |
| ENCI | LOSURES (Check | all that apply | <i>(</i>) | | | |
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| After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request | Petition Petition to Convert to a Provisional Application Power of Attorney, Revocar Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on 6 cs | e Address | Prop | eal Communication to TC eal Notice, Brief, Reply Brief) whetary Information us Letter or Enclosure(s) (please Identify w); | | |
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| SIGNATURE OF | F APPLICANT, ATT | DRNEY, O | RAGENT | <u> </u> | | |
| Timi Wallie | | | | , | | |
| Signature (0.4 | aman | | | - | | |
| Printed name Eric W. Cernyar | | | | | | |
| Date 11-23-2004 | | Reg. No. | 45,919 | | | |
| CERTIFIC I hereby certify that this correspondence is being facsim sufficient postage as first class mail in an envelope address the date shown below: Signature | | TO or deposi | ted with the U | | | |
| Typed or printed name Cherle Ridout | , | | Date | 11-23-2004 | | |

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P. 3 No. 4802

PTO/SB/17 (11-04)
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| FEE TRANSMITTAL For FY 2005 Application Number Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 176, 00 Attunit 3764 TOTAL AMOUNT OF PAYMENT (\$) 176, 00 Attunit 3764 At Unit 3764 At Unit 3764 At Unit 3764 TOTAL AMOUNT OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account None Deposit Account None Deposit Account None Deposit Account None Deposit Account None Deposit Account None The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. except for the filling fee Charge seq additional fee(s) or underpayments of fee(s) under 37 GFR 1.10 and 1.17 Credit any overpayments to the above-dentified deposit account. Other (please identity): WARNING: Information on his form may become public. Credit card information advanced on the form. Provide credit card information and advabreation on PTO-2638. TEE CALCULATION 1. BASIC FILING FEE Fee Description Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) | Effective on 10/01/2004. Patent fees are subject to annual revision. | Complete If Known | | | | |
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| Charge fee(a) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.18 and 1.17 Credit any overpayments to the above-identified deposit account. Other (please identify): WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING FEE Fee Description Fee (3) Fee (3) Fee Paid(5) Small Entity Fee Description Fee (3) Fee (3) Fee Paid(5) The highest number of independent claims paid for, it greater than 3 Multiple Dependent Claims Fee (3) Fee Paid (5) Subtotal (2) \$ 3. OTHER FEES Fee Description Fee (5) Fee Paid (5) 1-month extension of time 110 55 month extension of time 2,080 1,040 Utility Filing Fee 790 395 Design Filing Fee 350 175 Non-English specification 130 130 Plant Filing Fee 790 395 Reissue Filing Fee 790 395 Filing a brief in support of appeal 340 170 Filing a brief in support of appeal 340 170 Request for oral hearing 300 150 | Charge fee(s) Indicated below | - 20 or HP = = | | | | |
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Cornea

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| Applicant claims s TOTAL AMOUNT OF F | FOR F mall entity PAYMENT (c Credit Can | NSMI Y 2005 status. See 3 (\$) 176 heck all that | 7 CFR 1.27 | Application Number Figng Date First Named Inventor Examiner Name Art Unit Attorney Docket No. | 09/43 Nev 2 Cesar Danton 3764 PUL. 50 | 1999 Lina DeMille | | | |
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| Applicant claims s TOTAL AMOUNT OF F METHOD OF PAY Check C | mail entity PAYMENT MENT (c | Y 2005 status. See 3 (\$) 176 heck all that | 7 CFR 1.27 | First Named Inventor Examiner Name Art Unit | Danton 3764 | Lina De Mille | | | |
| Applicant claims s TOTAL AMOUNT OF F METHOD OF PAY Check C | PAYMENT (concept) | status. See 3 (\$) 176 | ,00 | Examiner Name Art Unit | Danton 3764 | De Mille | | | |
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